

Account # _____
Type _____

City of North Little Rock
BUSINESS LICENSE
APPLICATION

Please Mail Application and Fees to:
Business License Office
P.O. Box 5757
North Little Rock, AR 72119
501-975-8833

APPLICATION FOR A BUSINESS LICENSE

Date _____, _____

___ New Business ___ Ownership Change ___ Name Change ___ Address Change ___ Relocation

Name of Business _____

Address _____ City _____

Business Telephone Number _____ State _____ Zip Code _____

Business started @ current location: Month _____ Year _____ Number of employees _____

Owner's Name (Please Print) _____ DL# _____

Description of operations: _____

Arkansas Sales Tax Permit Number _____

Business property owned or leased? _____ Owned _____ Leased

Mailing address if different than business location: _____

City _____ State _____ Zip Code _____

Owner's Home Address: _____ Phone Number _____

City _____ State _____ Zip Code _____

Previous business location (If applicable): Address _____

City _____ State _____ Zip code _____

Do you store flammable or explosive material? _____ Yes _____ No

Are you currently involved with or do you plan any construction or remodeling at this location?

_____ Yes _____ No

A FALSE STATEMENT OR MISREPRESENTATION MAY MAKE THE LICENSE NULL AND VOID AND CONSTITUTE FORFEITURE OF PAID FEE.

Signature of owner or owner representative: _____